

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034699

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 2263

FILED AUG 19 1963

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Kirkwood

Length of stay in lb.

2 weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

St. Joseph Hospital

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St. Louis

c. CITY  
OR  
TOWN

Sherman

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

Hunt Rd.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

FRED

Middle

T.

Last

WEISENBURG

4. DATE  
OF  
DEATH

Month

JULY

Day

15

Year

1963

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12-25-85

## 9. AGE (last birthday)

77

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

engineer

## 10b. KIND OF BUSINESS OR INDUSTRY

Hoisting Eng.

## 11. BIRTHPLACE (City and state or country)

E. St. Louis, Ill.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Frederick Weisenburg

## 13b. MOTHER'S MAIDEN NAME

Elizabeth Cramer

## 14. NAME OF HUSBAND OR WIFE

Ida Mae Weisenburg

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

no

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

Ida Mae Weisenburg, Ellisville Mo.

## 18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

uraemia

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

### DUE TO (b)

nephrosclerosis

### DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

congestive heart failure

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour  
a.m.  
p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from  
Death occurred at

7/12/63  
7/15/63

to 7/15/63

and last saw her alive on 7/15/63

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

John E Ragland MD

(Degree or title)

## 22b. ADDRESS

Ballwin, Mo.

## 22c. DATE SIGNED

8/10/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

7-18-63

## 23c. NAME OF CEMETERY OR CREMATORY

Bethel Cemetery

## 23d. LOCATION (City, town, or county)

Pond, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Schrader Funeral Home, Ballwin, Mo.

## 25. DATE RECD. BY LOCAL REG.

7-16-63

## 26. REGISTRAR'S SIGNATURE

John E. Murphy MD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Richard Bopp*

Licensed Embalmer No. 4584

P. O. Address Ballwin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.